



OFFICE IS HEREBY REQUESTED TO ACKNOWLEDGE RECEIPT

THE PATENT OFFICE IS HEREBY REQUESTED TO ACKNOWLEDGE RECEIPT OF THE FOLLOWING DOCUMENTS BY DATE STAMPING AND RETURNING THIS POST CARD

45

Serial No: 08/182,183

Applicants: Lin, et al.

Filed: May 23, 1994

Examiner: R. Hayes Group Art Unit: 1645

Title: Glial Cell Line-Derived Neurotrophic Factor

1 pg Fee Authorization/Amendment Transmittal Letter + 1 copy

9 pgs Response and Amendment

1 pg Supplemental Information Disclosure Statement

2 pgs Modified Form 1449 + 21 references

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S-225E DRC/khh

Via First Class Mail

Amgen inc. 1840 DeHavilland Drive Thousand Oaks, CA 91320-1789



Assistant Commissioner for Patents Washington, D.C. 20231

PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER					Attorney's Docket No: S-225E (SYNE225/C4-US)		
Serial No.		Filing Dat	te	Examiner		Group Art Unit	
08/18		Ma	ay 23, 1994	Robert C.	Hayes	1645	
In Re Application of Lin, et al.							
For Glial Cell Line-Derived Neurotrophic Factor							
TO THE ASSISTANT COMMISSIONER FOR PATENTS:							
Applicants request the following extension of time under 37 C.F.R. 1.136(a):							
☐ One month of original due date (\$110.00)							
☐ Two months of original due date (\$400.00)							
☐ Three months of original due date (\$950.00) ☐ Four months of original due date (\$1,510.00)							
Four months of original due date (\$1,510.00) Five months of original due date (\$2,060.00)							
A response in connection with the matter for which this extension is requested:							
☑ is filed herewith.							
has been filed.							
☐ The response is the filing of a continuing prosecution application having an express abandonment conditioned							
on the granting of a filing date to the continuing application. The accompanying papers include amended claims for which no additional fee is required.							
- I I I I I I I I I I I I I I I I I I I							
The accompanying papers include amended claims the fee for which has been calculated as follows: CLAIMS AS AMENDED							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
` '	Claims remaining	, ,	Highest number	No. of extra	Data	Additional Fee	
Total Claims	after amendment	Minus	previously paid for	claims present	Rate x \$22	=	
Indep. Claims	*	Minus	***	:	x \$82	= .	
☐ First Appearance of a multiple dependent claim					+\$270	=	
Total Additional Fee for this Amendment							
*If the entry in column 2 is less than the entry in column 4, write "0" in column 5.							
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.							
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.							
☑ The following other fees are incurred by the accompanying papers.							
Other: Supplemental Information Disclosure Statement							
Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$350.00. A duplicate copy of this petition is attached.							
☑ If an additional extension of time is required, please consider this a request therefore.							
☑ The Commissioner is hereby authorized to charge any additional fees which may be required by the							
accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.							
Please Send Future Correspondence To: U.S. Patent Operations/DRC							
Dept. 430, M/S 27-4-A AMGEN INC. Daniel R. Curry Attorney for Applicants							
					jistration No.:32,727		
Thousand Oaks, California 91320-1799 Phone: (805) 447-8					3102		
	Date: November 5, 1998						

CERTIFICATE OF MAILING

Thereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231, on the date appearing below.

November 5, 1998